

## **CONSENT FOR DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)**

I, (print or type name) \_\_\_\_\_,  
request the contraceptive injection of depot medroxyprogesterone acetate (also known  
as DMPA, Depo-Provera®, depo-subQ provera 104, Depo, or “the Shot”), as my family  
planning method.

I have received an educational information package with the DMPA that has information  
about the benefits and risks of DMPA and how to use DMPA.

I understand that no birth control method is perfect and that some women have gotten  
pregnant while on DMPA (3 out of every 1000 women during the first year of use).

I understand DMPA will not protect me from sexually transmitted infections and that I  
need to use condoms for protection from these infections.

I understand that certain medicines may interact with DMPA to decrease the  
effectiveness of DMPA. I know it is important to tell all my health care providers that I am  
on DMPA.

I understand that when using DMPA, the chances of developing health problems  
increase with certain conditions such as:

- High cholesterol
- Age 35 or older
- Diabetes
- High blood pressure

I understand that it is important to tell my health care provider if I have ever had any of  
the following conditions before using DMPA:

- Blood clots in the lungs, legs, or brain
- Unexplained bleeding from the vagina
- Inflammation of the veins
- Cancer of the breast
- Liver disease
- Heart disease or stroke

I understand that side effects sometimes associated with DMPA include:

- Weight gain
- Irregular bleeding or spotting
- Breast tenderness
- Hair loss
- Acne
- Depression

**I know to watch for “A.C.H.E.S.” as danger signals and to contact a health care provider immediately if these signs occur:**

- Abdominal pains
- Chest pains or shortness of breath
- Headaches (severe), numbness, or dizziness
- Eye problems such as blurred vision or double vision
- Severe leg pain

I understand that there may be a risk of osteoporosis (thinning of the bones) with use of DMPA and that after stopping DMPA the bone structure might not return to normal. Current evidence does not show an increased risk of bone fractures in later years. Other types of contraception are not associated with changes in bone density (thinning).

I have had a chance to ask questions and have had my questions answered.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

\*\*\*\*\*

Please complete the following if interpretation of informed consent was required:

- An interpreter was offered to the client. ☐ Yes ☐ No
- This form has been read to the client in the client’s spoken language. ☐ Yes ☐ No
- Patient’s Language (specify): \_\_\_\_\_
- Interpreter Name: \_\_\_\_\_  
(print or type name of interpreter)
- Interpreter Services provided by (agency): \_\_\_\_\_
- Date: \_\_\_\_\_ Interpreter Signature: \_\_\_\_\_

\*\*\*\*\*

Staff Use only

By my signature I affirm that:

- The client has read this form or had it read to her by an interpreter.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_